# 2014 Individual Taxpayer Organizer—Sole Proprietorship

| Name of Taxpayer   |  |  |   |                            | SS#   | -   | -        |                     |
|--|--|--|---|----------------------------|---|---|----------|---------------------|
| First  | M.I.   | Last   | Email   |                            |   |   |          |                     |
| Occupation   |  | Date of birth  | / /   |                            | Are you r   | new to our  | firm?    | Yes □ No            |
| Address  |  | City   |   |                            | State   |   | Zip      |                     |
| County   |  | Home phone (   | )   |                            | Work or c   | ell (   | )        |                     |
| Name of Spouse   |  |  |   |                            | SS#   | -   | -        |                     |
| First  | M.I.   | Last   | Email   |                            | I   |   |          |                     |
| Occupation   |  | Date of birth  | / /   |                            | Are you r   | new to our  | firm?    | Yes □ No            |
| (Enter information below only if different   | from Taxpayer)   | I .  |   |                            | I   |   |          |                     |
| Address  |  | City   |   |                            | State   |   | Zip      |                     |
| County   |  | Home phone (   | )   |                            | Work or c   | ell (   | )        |                     |
| If you moved during 2014, enter your   | previous addres  | s.   |   |                            | Date of m   | ove   | /        | /                   |
| Were you divorced or separated during Have you received any notice from the Same-sex married couples are required where the married couple lives. Same-Names of dependent children Child's full name | PIRS or state revel to file as Marriesex married countries Social Security | enue department wi<br>ed Filing Jointly or N<br>ples may also want t<br>y #<br>-<br>-<br>- | Married Filing Se o file amended a  Date of birth | paratel returns  Mont home | es □ No<br>y for federa<br>for prior ta<br>hs lived in<br>in 2014 | al returns,<br>ix years.<br>Relations<br>taxpayer | regardle | College<br>student? |
| Did any of the children have income all Is it anticipated that a different taxpayor  |  | •  |   |                            |   |   |          | Yes No              |
| Other dependents or people who live  |  | aim a chiid listed abo   | ove as their depe                                 | endent                     | ior tax year  | r 2014? <b>ப</b>                                  | res un   | 10                  |
| Name   | Social Security  | y #  | Date of birth                                     | Relati                     | ionship   | Income  | ,        |                     |
|  | _  | _  |   |                            | •   |   |          |                     |
|  | _  | _  |   |                            |   |   |          |                     |
| If you are due a refund, would you like  | e it directly depo   | osited into your bank  | account? Name                                     | of bank                    |   |   |          |                     |
| Checking  Savings  Routing tran  | sit number   | -  | Accoun  | t numbe                    | er  |   |          |                     |
| Ask your tax preparer for information  | about depositin  | g a refund into an IR  | A account or sp                                   | litting t                  | he deposit  | into more   | than one | e account.          |

# **Questions**—All Taxpayers

| "Yo                  | 'ou" refers to both taxpayer and spouse—enter "?" if unsure about a question. |  |  |  |                    |                                 |                 |  |  |  |  |
|----------------------|---|--|--|--|--------------------|---------------------------------|-----------------|--|--|--|--|
|                      | ☐ Yes ☐ No  | Are either you or y  | our spouse le  | egally blind?  |                    |                                 |                 |  |  |  |  |
|                      | □ Yes □ No  | Did you pay or rec   | eive alimony   | in 2014? Paid/Received \$  | Recipient's SS#    |                                 |                 |  |  |  |  |
|                      | □ Yes □ No  | Did you have healt   | Did you have health insurance for you, your spouse, and all dependents for the entire year?  |  |                    |                                 |                 |  |  |  |  |
|                      | □ Yes □ No  | Did you purchase health insurance through a public exchange? |  |  |                    |                                 |                 |  |  |  |  |
| ES                   | □ Yes □ No  | Will there be any si   | Vill there be any significant changes in income or deductions next year, such as retirement? |  |                    |                                 |                 |  |  |  |  |
| LIFESTYLE & TAXES    | □ Yes □ No  | Have you paid alte   | rnative mini   | mum tax (AMT) in previous years?                                 |                    |                                 |                 |  |  |  |  |
| ryle 8               | ☐ Yes ☐ No  | Did you pay anyor  | ne for domest  | ic services in your home?  |                    |                                 |                 |  |  |  |  |
| IFES                 | □ Yes □ No  | Did you purchase a   | new energy   | -efficient car, truck, or van?                                   |                    |                                 |                 |  |  |  |  |
| _                    | □ Yes □ No  | Are you involved i   | n bankruptcy   | , foreclosure, repossession, or had an                           | y debt (including  | g credit cards) ca              | ncelled?        |  |  |  |  |
|                      | □ Yes □ No  | Are you a member   | of the milita  | ry?  |                    |                                 |                 |  |  |  |  |
|                      | □ Yes □ No  | Were you a citizen   | of or live in a  | foreign country, or receive income fr                            | om a foreign inv   | estment or bank                 | account?        |  |  |  |  |
|                      | ☐ Yes ☐ No  | Would you like to a Designee's name                          | allow your ta  | x preparer or another person to discu<br><i>Phone number</i> ( ) | ss your return w   | ith the IRS?<br>PIN (any five a | digits)         |  |  |  |  |
|                      | ☐ Yes ☐ No  | Were any children  | born or adop   | ted in 2014?   |                    |                                 |                 |  |  |  |  |
|                      | □ Yes □ No  | Were any children  | Year in  | Paid by you: Tuition \$  | Student loan int   | erest \$                        | Books \$        |  |  |  |  |
|                      |   | attending college?   | college  | Paid by student: Tuition \$                                      | Student loan int   | erest \$                        | Books \$        |  |  |  |  |
| NOI.                 |   | Other expenses   |  |  |                    |                                 |                 |  |  |  |  |
| CHILDREN & EDUCATION | ☐ Yes ☐ No  | Did you pay any tu   | iition for a pi  | rivate school for a dependent or take of                         | classes yourself?  |                                 |                 |  |  |  |  |
| 1 & EL               |   | Student  |  |  |                    | Amount paid \$                  |                 |  |  |  |  |
| LDREI                |   | Name and address of  | school   |  |                    |                                 |                 |  |  |  |  |
| СНІ                  | ☐ Yes ☐ No  | Did you pay for ch   | ild or depend  | dent care so you could work or go to s                           | school?            |                                 |                 |  |  |  |  |
|                      |   | Name of provider   |  |  |                    | EIN or SS #                     |                 |  |  |  |  |
|                      |   | Address  |  |  |                    | Amount paid \$                  |                 |  |  |  |  |
|                      | □ Yes □ No  | Do you have any cl   | hildren who  | earned more than \$2,000 of investmer                            | nt income?         |                                 |                 |  |  |  |  |
|                      | ☐ Yes ☐ No  | Did you, or will yo  | u, contribute  | any money to an IRA for 2014?                                    |                    |                                 |                 |  |  |  |  |
| ENTS                 | □ Yes □ No  | Did you roll over a  | ny amounts   | from a retirement account in 2014?                               |                    |                                 |                 |  |  |  |  |
| INVESTMENTS          | □ Yes □ No  | Did you sell or trar   | nsfer any stoc   | k or sell rental or investment propert                           | y?                 |                                 |                 |  |  |  |  |
| INVE                 | □ Yes □ No  | Did you have any i   | nvestments l   | pecome worthless or were you a victir                            | m of investment    | theft in 2014?                  |                 |  |  |  |  |
|                      | □ Yes □ No  | Were you granted,  | or did you e   | kercise, any employee stock options d                            | uring 2014?        |                                 |                 |  |  |  |  |
| SNO                  | □ Yes □ No  | Did you pay any ir   | iterest on a lo  | oan for a boat or RV that has living qu                          | arters?            |                                 |                 |  |  |  |  |
| DEDUCTIONS           | □ Yes □ No  | Did you pay sales t  | taxes on a ma  | ijor purchase in 2014, such as a vehicle                         | e, boat, or home?  | )                               |                 |  |  |  |  |
| DEI                  | ☐ Yes ☐ No  | Did you have any ı   | uninsured los  | ss to your property in 2014?                                     |                    |                                 |                 |  |  |  |  |
| SS                   | ☐ Yes ☐ No  | Did you work from  | a home offic   | ce or use your car for business?                                 |                    |                                 |                 |  |  |  |  |
| BUSINESS             | ☐ Yes ☐ No  | Did you receive an   | y income from  | m an installment sale?   |                    |                                 |                 |  |  |  |  |
| B                    | ☐ Yes ☐ No  | Do you own a busi  | ness or an in  | terest in a partnership, corporation, L                          | LC, farming activ  | vities, or other v              | enture?         |  |  |  |  |
|                      | ☐ Yes ☐ No  | Did you purchase o   | or sell a main   | home during the year? If yes, provide                            | e closing statemen | nt.                             |                 |  |  |  |  |
| ш                    | ☐ Yes ☐ No  | If you sold a home,  | did you claii  | m the First-Time Homebuyer Credit w                              | hen it was purch   | nased?                          |                 |  |  |  |  |
| HOME                 | □ Yes □ No  | Did you refinance a  | a mortgage o   | r take a home equity loan? (Provide c                            | losing statement   | )                               |                 |  |  |  |  |
|                      | ☐ Yes ☐ No  | Did you use any m  | ortgage loan   | proceeds for purposes other than to b                            | ouy, build, or sub | stantially impro                | ove your home?  |  |  |  |  |
|                      | ☐ Yes ☐ No  | Did you make any   | new energy-  | efficient improvements to your home                              | ?                  |                                 |                 |  |  |  |  |
| Sta                  | ate informatio  | n 🗖 Full-year resid  | lent 🗖 Part-   | year resident    Nonresident                                     |                    |                                 |                 |  |  |  |  |
| Sta                  | ites of residence   | ce during 2014 and d   | ates   |  |                    |                                 |                 |  |  |  |  |
| Scl                  | nool district   |  |  |  | Do you rent or     | own your home                   | e? □ Rent □ Own |  |  |  |  |

### **Income Worksheet**

Provide to your preparer all Forms W-2, 1099-INT, 1099-DIV, 1099-R, 1099-MISC, and other income reporting statements. Do not list dollar amounts for the following forms. Your preparer will report the appropriate amounts.

| Indicat   | e "T" for taxpayer, "S" for spouse, "J" for joint | t          |             |             |       | Prov    | ide additioı | nal statemen  | ts if m | ore room is needed |  |
|---|---|------------|-------------|-------------|-------|---------|--------------|---------------|---------|--------------------|--|
| Forms   | W-2—Wage and Tax Statement                        |            |             |             |       |         |              |               |         |                    |  |
| T/S   | Employer name                                     |            |             | T/S         | Em    | ployer  | name         |               |         |                    |  |
|   | 1)  |            |             |             | 4)    |         |              |               |         |                    |  |
|   | 2)  |            |             |             | 5)    |         |              |               |         |                    |  |
|   | 3)  |            |             |             | 6)    |         |              |               |         |                    |  |
| Forms   | 1099-INT — Interest Income                        |            |             |             |       |         |              |               |         |                    |  |
| T/S/J   | Name of issuer                                    |            |             | T/S/J       | Naı   | me of i | issuer       |               |         |                    |  |
|   | 1)  |            |             |             | 4)    |         |              |               |         |                    |  |
|   | 2)  |            |             |             | 5)    |         |              |               |         |                    |  |
|   | 3)  |            |             |             | 6)    |         |              |               |         |                    |  |
| Forms   | 1099-DIV—Dividends and Distributions              |            |             |             |       |         |              |               |         |                    |  |
| T/S   | Name of issuer                                    |            |             | T/S         | Naı   | me of i | issuer       |               |         |                    |  |
|   | 1)  |            |             |             | 4)    |         |              |               |         |                    |  |
|   | 2)  |            |             |             | 5)    |         |              |               |         |                    |  |
|   | 3)  |            |             |             | 6)    |         |              |               |         |                    |  |
| Forms   | 1099-R—Distributions From Pensions, Annua         | ities, Ret | irement     | t or Profit | -Shar | ring Pl | lans, IRAs,  | Insurance Co  | ontract | ts, Etc.           |  |
| T/S   | Name of issuer                                    |            |             | T/S         | Naı   | me of i | issuer       |               |         |                    |  |
|   | 1)  |            |             |             | 4)    | 1)      |              |               |         |                    |  |
|   | 2)  |            |             |             | 5)    |         |              |               |         |                    |  |
|   | 3)  |            |             |             | 6)    |         |              |               |         |                    |  |
| If the d  | listribution is before age 59½, give a reason to  | determin   | ne if an e  | exception   | to pe | nalty a | applies.     |               |         |                    |  |
| Tax-Ex  | empt Interest (such as municipal bonds—incl       | lude state | ement)      |             |       |         |              |               |         |                    |  |
| Payer   | \$  |            |             | Payer       |       |         |              |               |         | \$                 |  |
| Other :   | Income  |            |             |             |       |         |              |               |         |                    |  |
| State ta  | nx refund   |            | \$          |             |       |         | Unreported   | d tips        | \$      |                    |  |
| Alimor  | ny  |            | \$          |             |       |         | Other        |               | \$      |                    |  |
| Unemp   | ployment compensation                             |            | \$          |             |       |         |              |               | \$      |                    |  |
| Social S  | Security (taxpayer)—provide SSA-1099 or RRI       | B-1099     | \$          |             |       |         |              |               | \$      |                    |  |
| Social S  | Security (spouse)—provide SSA-1099 or RRB-        | 1099       | \$          |             |       |         |              |               | \$      |                    |  |
| Busine  | ss income (see Sole Proprietorship Tax Organizer  | ·)         |             |             |       |         | Stock sales  |               | See "   | Sales and Exchange |  |
| Rental income (see Rental Property Tax Organizer) |   |            |             |             |       |         | Sale of othe | er property   |         | sheet" below.      |  |
| Sale  | es and Exchanges Workshe                          | et         |             |             |       |         |              |               |         |                    |  |
|   | e information about sales of stock, real estate,  |            | propert     | y, along w  | ith F | orms 1  | 1099-B, 1099 | 9-S, or other | suppo   | rting statements.  |  |
|   | ntion of property                                 |            | <del></del> | hase date   |       | Cost/ba |              | Sell date     |         | Sale price         |  |
|   | , .   |            |             |             | -     | ф.      |              |               |         | φ.                 |  |

#### Notes:

• When stock is sold, you will usually receive Form 1099-B, *Proceeds From Broker and Barter Exchange Transactions*, reporting the proceeds from the sale. However, your statement will not always provide the cost/basis information necessary to compute gain or loss. If the statement does not contain the cost/basis information, you must provide it. You may need to contact your broker for questions about cost/basis and purchase dates of your stock accounts.

\$ \$

\$

\$

\$

- Often, "transfers" of stock or mutual funds within a brokerage account are actually sales of one type of stock and purchase of another. Even if you did not receive any cash from the transaction, you may have taxable gain or loss.
- If your stock dividends are automatically reinvested, the dividends will be taxable even though you did not receive any cash. The transaction is treated as if you had received cash and purchased additional stock. When the stock is sold, the amount reinvested over the years is taken into account. You may need to contact your broker for questions about the amount of reinvested dividends.
- If you sold property other than stock, your taxable gain or loss will be determined by your cost/basis. The cost/basis is usually the original purchase price plus improvements (the cost of repairs and maintenance are not taken into account for cost/basis).

## **Itemized Deductions Worksheet**

Deductions must exceed \$6,200 Single, \$12,400 MFI, \$9,100 HOH, or \$6,200 MFS to be a tax benefit.

| older) of incor   | ne to be a benefit—  | 10% (7.5% for taxpa<br>include cost for depe<br>imbursed by insurar | endents—do not                       | contributions, prov                       | vide details of cor                                | \$500 in noncash cha<br>atributions. New rule<br>or all cash contribut | es require that   |  |  |
|---|--|---|--------------------------------------|---|--|--|-------------------|--|--|
| Dentists  | \$   | Hospitals   | \$                                   | Cash                                      |  |  | \$                |  |  |
| Doctors   | \$   | Insurance   | \$                                   |   | Noncash contributions (FMV). Clothing or household |  |                   |  |  |
| Equipment   | \$   | Prescriptions   | \$                                   | items must be in go                       |  |  |                   |  |  |
| Eyeglasses  | \$   | Other   | \$                                   | Did you transfer fu                       |  | directly to a  | \$                |  |  |
| Medical miles: @ 23.5¢  |  |   |                                      | charity?  Yes  1                          |  |  |                   |  |  |
|   |  | paid for full or partia   |                                      | Charitable mileage  Casualty and The      |  |  |                   |  |  |
| State withholding Reported on W-2                             |  |   | Reported on W-2                      |   |  | cted damage or loss<br>eparer. 🗆 Yes 🗅 No                              | of property, or a |  |  |
| State estimated taxes—paid in 2014 \$                         |  |   | <u> </u>                             | Miscellaneous Ite                         | emized Deducti                                     | ons. The following 1   | nust exceed       |  |  |
| Real estate tax—residence Real estate tax—other               |  |   | \$                                   | 2% of income to be                        | a benefit. For use                                 | e of home, or auto m   | ileage, or other  |  |  |
|   |  |   | \$                                   | job-related expenses<br>Were any expenses |  |  |                   |  |  |
| Personal property taxes  Property tax refund—received in 2014 |  |   | \$                                   | Dues                                      | \$   | Supplies   | \$                |  |  |
|   |  | 2014  | \$( )                                | Investment                                | \$   | Tax prep fees  | \$                |  |  |
| Foreign tax pa  | 11d  |   | \$                                   | expenses                                  | Ψ  | lax prep rees  | Ψ                 |  |  |
| Other   |  |   | \$                                   | Job education                             | \$   | Tools  | \$                |  |  |
| Other   | n 2014 from prior ye   |   | \$                                   | Job seeking                               | \$   | Uniforms   | \$                |  |  |
| include interes   |  | ear returns (do not   | \$                                   | Legal fees                                | \$   | Union dues   | \$                |  |  |
|   |  | paid during 2014?   | ⊥<br>□ Yes □ No                      | Licenses                                  | \$   | Other  | \$                |  |  |
| Did you purch   | nase a car, plane, boa   | it, or home in 2014?  | ☐ Yes ☐ No                           | Safety equipment                          | \$   | Other  | \$                |  |  |
| Sales tax paid  |  |   | , ,                                  | Subscriptions                             | \$   | Other  | \$                |  |  |
| or rental-use p   | <ul> <li>Do not include interpretely, including be<br/>lender information</li> </ul> | erest paid for full or prusiness use of the ho<br>and ID numbers.   | partial business<br>ome. Provide all | Other Miscellane subject to a 2% of in    | ous Deductions                                     | . The following ded  | uctions are not   |  |  |
| Main home   |  | Equity loan   | \$                                   | Gambling losses                           | \$   | Federal estate tax on IRD  | \$                |  |  |
| Second home   | \$   | Equity loan   | \$                                   | Impairment-                               | \$   | Loss from box 2,   | \$                |  |  |
| Points  | \$   | Investment interest   | \$                                   | related expenses                          | <b>*</b>   | K-1, Form 1065B  |                   |  |  |
| Did you pay a   | mortgage insurance   | e premium when you  | u purchased your h                   | ome? Amount \$                            | Date   | / /  |                   |  |  |
|   |  | e premium when you<br>or Question                                   |                                      | ome? Amount \$                            | Date   | / /  |                   |  |  |

• Gambling losses are deductible only up to the amount of gambling winnings reported. A log must be kept to verify losses.

- Work clothing is not deductible if adaptable for every day wear. Exception for safety equipment, such as steel-toe boots.
- Legal expenses are deductible only if related to producing or collecting taxable income.
  Expenses to enable individuals, who are physically or mentally impaired, to work are generally deductible.

| Adjustments Worksheet   |              |
|---|--------------|
| Educator expenses. Classroom expenses of teachers, counselors, and principals. Maximum \$250 each.  | \$           |
| Health savings account deduction (HSA).   | \$           |
| Self-employed SEP, SIMPLE, and qualified plans. Some contributions for 2014 may be made in 2015.  | \$           |
| <i>Self-employed health insurance deduction.</i> Sole proprietors, partners, and 2% S corporation shareholders if not eligible for employer coverage. | \$           |
| Penalty on early withdrawal of savings.   | \$           |
| IRA deduction. For traditional IRAs. Roth IRAs are not deductible. Some contributions for 2014 may be made in 2015.                                   | \$           |
| Student loan interest deduction. Paid for taxpayers and dependents. Income limits apply.  | \$           |
| Tuition and fees deduction. Qualified tuition and fees if not claiming education credits. Income limits apply.  | \$           |
| Moving expenses. Job-related move and at least 50 mile increase in commuting distance.  | Ask preparer |
| Business expenses of reservists, performing artists, and fee-based government officials.  | Ask preparer |

| Estimated Tax Payments — Tax Year 2014 |           |         |           |       |  |  |  |
|--|-----------|---------|-----------|-------|--|--|--|
| Installment                            | Date paid | Federal | Date paid | State |  |  |  |
| First                                  |           | \$      |           | \$    |  |  |  |
| Second                                 |           | \$      |           | \$    |  |  |  |
| Third                                  |           | \$      |           | \$    |  |  |  |
| Fourth                                 |           | \$      |           | \$    |  |  |  |
| Amount applied from 2013 refund?       |           | \$      |           | \$    |  |  |  |
| Total                                  |           | \$      |           | \$    |  |  |  |

# **Privacy Policy**

The nature of our work requires us to collect certain nonpublic information. We collect financial and personal information from applications, worksheets, reporting statements, and other forms, as well as interviews and conversations with our clients and affiliates. We may also review banking and credit card information about our clients in the performance of receipt of payment. Under our policy, all information we obtain about you will be provided by you or obtained with your permission.

Our firm has procedures and policies in place to protect your confidential information. We restrict access to your confidential information to those within our firm who need to know in order to provide you with services. We will not disclose your personal information to a third party without your permission, except where required by law. We maintain physical, electronic, and procedural safeguards in compliance with federal regulations that protect your personal information from unauthorized access.

# Tax Preparation Checklist

Please provide the following documentation:

| All Forms W-2 (wages), 1099-INT (interest), 1099-DIV (dividends), 1099-B (proceeds from broker or barter transactions), 1099-R (pensions and IRA distributions), Schedules K-1 from partnerships, S corporations, estates and trusts, and other income reporting statements, including all copies provided from the payer. |
|--|
| Form 1095-A (for health insurance purchased through a public exchange), Form 1095-B (for health insurance purchased outside of a public exchange), or Form 1095-C (for employer-provided health insurance coverage).   |
| If you are a new client, provide copies of last year's tax returns.  |
| The completed Individual Income Tax Organizer. <i>Note:</i> If you choose not to fill out the organizer, you must at least answer the "Yes" or "No" questions under "Questions—All Taxpayers."   |
| Copy of the closing statement if you bought or sold real estate.   |
| Mileage figures for any automobile expenses claimed, including total mileage, commuting mileage, and business mileage.   |
| Detail of estimated tax payments made, if any.   |
| Income and deductions categorized on a separate sheet for business or rental activities.   |

# **Tax Return Preparation**

We will prepare your tax return based on information you provide. In the event your return is audited, you will be responsible for verifying the items reported. It is important that you review the return carefully before signing to make sure the information is correct. Unless otherwise stated, the services for preparation of your return do not include auditing, review, or any other verification or assurance.

☐ List of itemized deductions categorized on a separate sheet for medical, taxes, interest, charitable, and miscellaneous deductions.

Copy of all acknowledgement letters received from charitable organizations for contributions made in 2014.

# **Contact Us**

There are many events that occur during the year that can affect your tax situation. Preparation of your tax return involves summarizing transactions and events that occurred during the prior year. In most situations, treatment is firmly established at the time the transaction occurs. However, negative tax effects can be avoided by proper planning. Please contact us in advance if you have questions about the tax effects of a transaction or event, including the following:

- Pension or IRA distributions
- Significant change in income or deductions
- Job change
- Marriage
- Attainment of age 591/2 or 701/2
- Sale or purchase of a business

- Sale or purchase of a residence or other real estate
- Retirement
- Notice from IRS or other revenue department
- Divorce or separation
- Self-employment
- Charitable contributions of property in excess of \$5,000

# Sole Proprietorship Tax Organizer Sole Proprietor General Information

| осто г торито       |   |                  |                 |                                   |          |                   |             |         |
|---------------------|---|------------------|-----------------|-----------------------------------|----------|-------------------|-------------|---------|
| Name of sole        | proprietor                              |                  |                 |                                   |          |                   |             |         |
| Business nam        | e (if different)                        |                  |                 |                                   | EIN      | I (if applicable) | -           |         |
| Business add        | ress (if different from home address)   |                  |                 |                                   |          |                   |             |         |
| Principal bus       | · · · · · · · · · · · · · · · · · · ·   |                  |                 |                                   | Dat      | e business starte | d /         | /       |
| Principal prod      | duct or service                         |                  |                 |                                   |          |                   |             |         |
| ☐ Yes ☐ No          | Was the primary purpose of the bu       | usiness activity | y to realize a  | profit?                           |          |                   |             |         |
| ☐ Yes ☐ No          | Did you materially participate in t     | he operation o   | of this busine  | ss?                               |          |                   |             |         |
| ☐ Yes ☐ No          | Has the business reported any loss      | ses in prior yea | ars?            |                                   |          |                   |             |         |
| Accounting n        | nethod:  Cash Accrual Otl               | her (specify)    |                 |                                   |          |                   |             |         |
|                     | Does the business file under a cale     | , , , , ,        | no, what is th  | e fiscal year?)                   |          |                   |             |         |
|                     | tor Specific Questions                  |                  | •               |                                   |          |                   |             |         |
| · ·                 | Did you pay any family members          | for services?    |                 |                                   |          |                   |             |         |
| ☐ Yes ☐ No          | Did you make any payments of \$6        |                  | eubcontracto    | re attornove accountante di       | ractors  | otc ?             |             |         |
| ☐ Yes ☐ No          | If Yes, did you issue Form 1099-M       |                  |                 |                                   |          |                   | 600 or m    | nra     |
| u ies u no          | •                                       | isc: Lisi nume   | unu sociai sec  | urity number (3314) for each pe   | SSN      | шпот уой рий ф    | 000 01 1110 | лε.     |
|                     | Name                                    |                  |                 |                                   |          |                   |             |         |
|                     | Name                                    | 1 ,              |                 | 16 1 1 1                          | SSN      |                   |             |         |
| ☐ Yes ☐ No          | Did you make, or do you plan to n       | nake, any cont   | tributions to   | a seif-employed retirement p      |          |                   | ф           |         |
|                     | Type of plan                            | , , , , ,        |                 |                                   |          | unt contributed   | \$          |         |
| ☐ Yes ☐ No          | Did you pay for your own health/        | dental insurar   | nce? If Yes, pr | ovide amount of premiums paid     | during   | the year.         | \$          |         |
| ☐ Yes ☐ No          | Did you have any employees?             |                  |                 |                                   |          |                   |             |         |
| ☐ Yes ☐ No          | Did you have any bartering transa       | ctions in 2014   | :?              |                                   |          |                   |             |         |
| <b>Sole Proprie</b> | tor Business Income                     |                  |                 |                                   |          |                   |             |         |
| Gross receipts      | s or sales (if you received Forms 1099- | MISC, list nam   | ne of payer and | l amount separately from gross    | receipts | or sales)         | \$          |         |
| Form 1099-          | MISC \$                                 | 5                | Form 1099-      | K                                 |          | \$                |             |         |
| Form 1099-          | MISC \$                                 | 3                | Form 1099-      | K                                 |          | \$                |             |         |
| Total of all Fo     | rms 1099-MISC and 1099-K received       | d                |                 |                                   |          |                   | \$          |         |
| Returns and a       | illowances                              |                  |                 |                                   |          |                   | \$(         | )       |
| Other income        | (not included in gross receipts above)  |                  |                 |                                   |          |                   | \$          |         |
| Form 1099-M         | ISC. You may receive Form 1099-M        | IISC (instead c  | of Form W-2)    | if you are not classified as a    | n empl   | ovee. If you rece | ive Forn    | า 1099- |
|                     | e generally required to file Schedule   |                  |                 |                                   |          |                   |             |         |
| must pay self       | -employment (SE) tax on the incom       | e.               |                 |                                   |          |                   |             |         |
| <b>Sole Proprie</b> | tor Cost of Goods Sold (for manufac     | cturers, wholes  | salers, and bus | inesses that make, buy, or sell   | goods)   |                   |             |         |
| Inventory at t      | he beginning of the year                |                  |                 |                                   |          |                   | \$          |         |
| Purchases           |   |                  |                 |                                   |          |                   | \$          |         |
| Cost of labor       |   |                  |                 |                                   |          |                   | \$          |         |
| Materials and       | supplies                                |                  |                 |                                   |          |                   | \$          |         |
| Inventory at t      | he end of the year                      |                  |                 |                                   |          |                   | \$          |         |
|                     | tor Business Expenses                   |                  |                 |                                   |          |                   |             |         |
| Advertising         | <b>,</b>                                | \$               | Off             | ice supplies                      |          |                   | \$          |         |
| Bad debts           |   | \$               |                 | rt-up costs (first year of busine | ss)      |                   | \$          |         |
| Bank charges        |   | \$               |                 | sion and profit sharing plans     |          |                   | \$          |         |
| Business licer      | 292                                     | \$               |                 | nt or lease – car, machinery, e   |          | ent               | \$          |         |
| Commissions         |   | \$               |                 | nt or lease – other business pr   |          |                   | \$          |         |
| Contract labo       |   | \$               |                 | pairs and maintenance             | орену    |                   | \$          |         |
|                     | nefit programs                          | \$               |                 | oplies (not included in inventor  | ni coet) |                   | \$          |         |
|                     | alth care plans                         | \$               |                 | es – payroll*                     | y (031)  |                   | \$          |         |
|                     | t and business (in town) meals          | \$               |                 | es – payron                       |          |                   | \$          |         |
| Gifts               | t and business (in town) means          | \$               |                 | es – property<br>es – sales       |          |                   | \$          |         |
|                     | er than health insurance)               |                  |                 | es – state                        |          |                   |             |         |
|                     | ,                                       | \$<br>\$         |                 |                                   |          |                   | \$          |         |
| Interest - mor      |   |                  |                 | ephone                            |          |                   | \$          |         |
| Interest – othe     |   | \$               |                 | lities                            |          |                   | \$          |         |
| Internet servi      |   | \$               |                 | ges*                              |          |                   | \$          |         |
|                     | ofessional services                     | \$               | Oth             |                                   |          |                   | \$          |         |
| Management          |   |                  | Oth             |                                   | C11 1    |                   | \$          |         |
| *Provide cop        | ies of Form W-3, Form 940, Form 94      | 1. Form 1096.    | Form 1099-N     | IISC, and any state tax forms     | filed.   |                   |             |         |

| Other Busin      | ess Expenses – <i>L</i> | ist out type and expens     | e amount                              |           |               |                          |         |                      |     |   |
|------------------|-------------------------|-----------------------------|---------------------------------------|-----------|---------------|--------------------------|---------|----------------------|-----|---|
|                  | -                       |                             | \$                                    |           |               |                          |         |                      | \$  |   |
|                  |                         |                             | \$                                    |           |               |                          |         |                      | \$  |   |
|                  |                         |                             | \$                                    |           |               |                          |         |                      | \$  |   |
|                  |                         |                             | \$                                    |           |               |                          |         |                      | \$  |   |
|                  |                         |                             | \$                                    |           |               |                          |         |                      | \$  |   |
|                  |                         |                             | \$                                    |           |               |                          |         |                      | \$  |   |
|                  |                         |                             | \$                                    |           |               |                          |         |                      | \$  |   |
|                  |                         |                             | \$                                    |           |               |                          |         |                      | \$  |   |
|                  |                         |                             | \$                                    |           |               |                          |         |                      | \$  |   |
|                  |                         |                             | \$                                    |           |               |                          |         |                      | \$  |   |
| Car Expense      | S (use a separate fo    | orm for each vehicle)       | •                                     |           |               |                          |         |                      |     |   |
| Make/Mode        |                         |                             |                                       |           | Date car      | placed in ser            | vice    | / /                  |     |   |
| ☐ Yes ☐ No       |                         | personal use during         | off-duty hours?                       |           |               | F                        |         |                      |     |   |
| ☐ Yes ☐ No       |                         | spouse) have any oth        |                                       | ıl use?   | Did you       | trade in your            | car t   | his year? ☐ Yes ☐    | No  | )                                       |
| ☐ Yes ☐ No       | Do you have evid        |                             | F                                     |           | Cost of       |                          |         | Trade-in value       |     | <u> </u>                                |
|                  | Is your evidence        |                             |                                       |           | \$            |                          |         | \$                   |     |   |
| <u> </u>         | 1 10 your evidence      | Mileage                     |                                       |           | Ψ             |                          | Act     | ual Expenses         |     |   |
| Beginning of     | year odometer           | - Trinenge                  |                                       |           | Gas/oil       |                          | 1101    | \$                   |     |   |
| End of year o    |                         |                             |                                       |           | Insuran       | CP.                      |         | \$                   |     |   |
| Business mile    |                         |                             |                                       |           |               | fees/tolls               |         | \$                   |     |   |
| Commuting        |                         |                             |                                       |           | U             | tion/fees                |         | \$                   |     |   |
| Other mileag     |                         |                             |                                       |           | Repairs       | ition/iccs               |         | \$                   |     |   |
|                  |                         | ı<br>ıe standard mileage ra | ate or actual evnen                   | sos to fi |               | deductible cos           | te of   | J                    | for | hueiness nur-                           |
|                  |                         | ndard mileage rate, it      |                                       |           |               |                          |         |                      |     |   |
|                  |                         | dard mileage rate met       |                                       |           |               |                          |         | y ·                  | ,   | , |
| Travel Expe      |                         |                             | •                                     |           |               |                          |         |                      |     |   |
|                  |                         | st of meals while trave     | eling away from                       | • Tra     | vel/Lode      | ing. You can             | dedi    | ıct the ordinary a   | nd  | necessary ex-                           |
|                  |                         | se the actual cost of ye    |                                       |           |               |                          |         | your home for b      |     |   |
|                  |                         | diem, which can vary        |                                       |           |               |                          |         | tation, airfare, tax |     |   |
| City visited (fo | or per diem)            |                             | # of days in city                     | City v    | isited (for p | per diem)                |         |                      | # 0 | f days in city                          |
|                  |                         |                             |                                       |           |               |                          |         |                      |     |   |
|                  |                         |                             |                                       |           |               |                          |         |                      |     |   |
|                  |                         |                             |                                       |           |               |                          |         |                      |     |   |
|                  |                         |                             |                                       |           |               |                          |         |                      |     |   |
|                  |                         |                             |                                       |           |               |                          |         |                      |     |   |
| Travel expens    | ses                     |                             |                                       |           |               |                          |         |                      |     |   |
| Airfare          |                         |                             | \$                                    | Other     | travel exp    | penses ( <i>descri</i> l | pe belo | (עדי                 |     |   |
| Bus, train, tax  | кi                      |                             | \$                                    |           |               |                          |         |                      | \$  |   |
| Entertainmer     | nt                      |                             | \$                                    |           |               |                          |         |                      | \$  |   |
| Lodging          |                         |                             | \$                                    |           |               |                          |         |                      | \$  |   |
| Parking and      | tolls                   |                             | \$                                    |           |               |                          |         |                      | \$  |   |
| Meals (actual    | receipts)               |                             | \$                                    |           |               |                          |         |                      | \$  |   |
| Equipment P      | urchases – <i>Enter</i> | the following informati     | on for depreciable a                  | ssets pu  | ırchased tl   | hat have a usefi         | ul life | greater than one ye  | ar  |   |
| Asset            |                         |                             | · · · · · · · · · · · · · · · · · · · |           | urchased      | Cost                     |         | Date placed in serv  |     | New or used?                            |
|                  |                         |                             |                                       | 1         |               | \$                       |         | 7                    |     |   |
|                  |                         |                             |                                       |           |               | \$                       |         |                      |     |   |
|                  |                         |                             |                                       |           |               | \$                       |         |                      |     |   |
|                  |                         |                             |                                       |           |               | \$                       |         |                      |     |   |
|                  |                         |                             |                                       |           |               | \$                       |         |                      |     |   |
|                  |                         |                             |                                       |           |               | 1 1                      |         |                      |     |   |
|                  |                         |                             |                                       |           |               | \$                       |         |                      |     |   |
|                  |                         |                             |                                       |           |               | \$                       |         |                      |     |   |
|                  |                         |                             |                                       |           |               | \$                       |         |                      |     |   |
|                  |                         |                             |                                       |           |               | \$                       |         |                      |     |   |
|                  |                         |                             |                                       |           |               | \$                       |         |                      |     |   |

**Depreciation.** If property you acquire to use in your business is expected to last more than one year, you generally cannot deduct the entire cost as a business expense. Depreciation spreads out the cost of a business asset allowing you to recover the cost or other basis of property over a period of years. It is an annual allowance for the wear and tear, deterioration, or uselessness of property. The IRS has outlined a useful life (a set number of years) for most assets.

| Equipment Sold or Disposed of During Year |                     |           |                   |           |
|---|---------------------|-----------|-------------------|-----------|
| Asset                                     | Date out of service | Date sold | Selling price/FMV | Trade-in? |
|   |                     |           | \$                |           |
|   |                     |           | \$                |           |
|   |                     |           |                   |           |
|   |                     |           | \$                |           |

**Disposition of Property.** A disposition of property occurs when you sell property for cash or other property, you exchange property for other property, you transfer property to satisfy a debt, you abandon property, your bank forecloses or repossesses your property, or your property is damaged, destroyed, or stolen and you receive property or money in payment.

#### **Business Use of the Home**

Area of home must be exclusively used for business except for storage or day care. *Note:* Managing rental activities or investments does not qualify for business use of the home.

| All Taxpayers                          | For Day Care Only |                            |            |
|--|-------------------|----------------------------|------------|
| A) Business use area (square footage)  |                   | 1) Hours used for day care |            |
| B) Total area of home (square footage) |                   | 2) Total hours in year     | 8,760 hrs. |

Enter below only the expenses paid during the period the home was used for business.

Direct expenses benefit only the business use portion of the home. This includes painting or repairs exclusively for the business area.

Indirect expenses are for keeping up and running the entire home, such as mortgage interest and property taxes.

If you bought or sold your home during 2014, copy this worksheet and fill out one for each home.

|                                 | Direct       | Indirect |                          | Direct     | Indirect |
|---------------------------------|--------------|----------|--------------------------|------------|----------|
| Mortgage interest               | \$           | \$       | Repairs and maintenance  | \$         | \$       |
| Property taxes                  | \$           | \$       | Utilities                | \$         | \$       |
| Insurance                       | \$           | \$       | Other                    | \$         | \$       |
| Depreciation of the Home        |              |          |                          |            |          |
| Lower of cost or fair market va | alue of home | \$       | Improvements?            | ☐ Yes ☐ No |          |
| Value of land                   |              | \$       | Casualty losses in 2014? | ☐ Yes ☐ No |          |
| Depreciable basis of home       |              | \$       | Use as an employee?      | ☐ Yes ☐ No |          |

#### 1) Exclusive Use Test—Business Use of Home

The exclusive use test is met if an area of the home is used only for business. The area can be a room or other separately identifiable space. The space does not need to be marked off by a permanent partition. This test is not met if the taxpayer uses the area both for business and for personal purposes, such as a den used for business during the day and TV viewing during the evening.

The exclusive use test is not required for:

- An area used on a regular basis for storage of inventory or product samples.
- A home used as a day care facility.

Storage of inventory or product samples—exception to exclusive use test. A taxpayer using part of a home for business to store inventory or product samples is not required to meet the exclusive use test. However, the taxpayer must meet all the following tests.

- The taxpayer is in the business of selling products at wholesale or retail.
- The inventory or product samples are kept in the home for use in the business.
- The taxpayer's home is the only fixed location of the business.
- The storage space is used on a regular basis.
- The storage space is a separately identifiable space suitable for storage.

#### 2) Regular Use Test—Business Use of Home

The regular use test means a taxpayer must use a specific area of the home for business on a regular basis. Incidental or occasional business use is not regular use. All facts and circumstances are considered in determining whether the business use is regular.

#### 3) Trade or Business Use Test—Business Use of Home

To satisfy the trade or business use test, the portion of the home used for business must be used in connection with a trade or business. If the business use is for a profit-seeking activity that is not a trade or business, the deduction is not allowed.

### 4) Principal Place of Business Test—Business Use of Home

A trade or business can have more than one location. To qualify for a business use of home deduction, the home must be the principal place of business for that trade or business. To make this determination, the following are considered.

- The relative importance of the activities performed at each place where business is conducted, and
- The amount of time spent at each place where business is conducted.

A home office qualifies under this test if:

- The home office is used exclusively and regularly for administrative or management activities of the trade or business.
- There is no other fixed location where substantial administrative or management activities are conducted.

#### **Self-Employment (SE) Tax**

- SE tax is a Social Security and Medicare tax primarily for individuals who are self-employed. It is similar to the Social Security and Medicare tax withheld from the pay of most wage earners. Your payments of SE tax contribute to your coverage under the Social Security system. Social Security coverage provides you with retirement benefits, disability benefits, survivor benefits, and hospital insurance (Medicare) benefits.
- You must pay SE tax if your net earnings from self-employment were \$400
  or more, or you had church employee income of \$108.28 or more. The SE
  tax rules apply no matter how old you are and even if you are already
  receiving Social Security or Medicare benefits.
- For 2014, the SE tax rate on net earnings is 15.3% (12.4% for Social Security plus 2.9% for Medicare). Only the first \$117,000 (2014) of combined wages, tips, and net earnings is subject to the 12.4% Social Security part of SE tax.